Education Freedom Accounts (EFA)

Private School Application



Complete this form & return to the Arkansas Department of Education:
ADE.EFA@ade.Arkansas.Gov
OR
Education Freedom Accounts
4 Capitol Mall
Box 23
Little Rock, AR 72201

Name of School:	
School Contact Person:	
Title:	
Email:	
School Contact Information:	
Street and/or Route Number	Phone
City. State. Zip	 Fax

A1. Please ve	rify that your school is located in Arkansas and either	:
	Meets the accreditation requirements set by the State I Arkansas Nonpublic School Accrediting Association, association recognized by the State Board of Educatio	or another accrediting
OR	Accrediting Authority:	
	Is an associate member of or has applied for accreditate School Accrediting Association or its successor, or an recognized by the State Board of Education. Please supproof from the accrediting association.	other accrediting association
	Accrediting Authority:	
	I affirm that if, at any point following the s in the Education Freedom Accounts, determines that the school is ineligible accreditation process, or it becomes imposobtain accreditation within four (4) years a school will notify the State Board of Eduparents/legal guardians of EFA students enrous school within ten (10) days. Note that eligible private school receives accreditation and approved the school receives accreditation	the accrediting association e or unable to continue the ssible for the private school to from the date of eligibility, the acation or its designee and the olled in or regularly attending the polity can be regained when the
		Initial:
	rify that your school demonstrates fiscal soundness by or as an attachment:	ne (1) of the following methods and
OR	The school has been in operation for one (1) school year	ar.
	 A statement by a certified public accountant is attached The school is insured; and The school has sufficient capital or credit to o school year. 	
OR		
	A surety bond or letter of credit for the amount equal to quarter has been filed with the Arkansas Department of Administrative Services Division and is attached .	_
	rtify that your school will not discriminate on any base existed on January 1, 2023 (available here).	is prohibited by 42 U.S.C.

Schools shall a private school	ify that your school shall comply with all applicable health and sa lso complete background checks and fingerprinting for any employend and maintain a background check for all employees for audit purpled or terminated if an employee fails to meet the screening stand	oyee working in the poses. Employment
	I verify that the school meets all requirements and maintains such an	environment.
		Initial:
	rify that your school will remain academically accountable to the any Education Freedom Account student(s) in meeting the education	
	I verify that the school is academically accountable to parents/legal of Education Freedom Account students.	
		Initial:
	ify that your school only employs or contracts with teachers who degrees or have equivalent documented experience.	hold at least
	I verify that the school only employs or contracts with teachers wh degrees or equivalent documented experience.	
		Initial:
	ify that your school will exclude any individual from employme se a risk to the appropriate use of Education Freedom Account fur	-
	I verify that the school will only employ individuals that do not pos appropriate use of funds.	se a risk to
	appropriate use of funds.	Initial:
	ify that your school will hold valid occupancy of buildings as requipality in which the private school is located.	juired by the
	I verify that the school will hold valid occupancy as required by the	e municipality.
		Initial:
A9. Please ver private schools	ify that your school will comply with all state laws and regulations.	ns governing
	I verify that the school will remain in full compliance.	Initial:

	I affirm that the school will adhere to the tenets of its published disciplinary procedures before expelling an Education Freedom Account student. Initial:
Education Fre including an e schools or a	firm that your school shall provide annually for a student participating in the edom Accounts to take an assessment approved by the State Board of Education, xamination identified by the state board that is required for students attending public state board-approved, nationally recognized norm-referenced test or statewide hich measures at a minimum literacy and math).
private school cognitive disa annually make	g student who has an individualized service plan and is determined by a participating to need an exemption from standardized testing due to the existence of a significant bility is not required to take the test. However, a participating private school shall provision for the student to take an alternate assessment approved by the state board ortfolio that provides information on a student's progress to the student's parent or
П	I affirm that the school will administer such standardized tests annually and that the
_	school will accommodate students with disabilities that exempt them from
	standardized testing.
	Standardized test(s) used:
	Initial:
student partic attend the sch	firm that your school will notify the State Board of Education or its designee if any ipating in the Education Freedom Accounts ceases to be enrolled in or regularly pool for any reason. I affirm that the school will notify the State Board of Education or its designee if any student participating in the Education Freedom Accounts ceases to be enrolled in or
student partic attend the sch	ipating in the Education Freedom Accounts ceases to be enrolled in or regularly pol for any reason.
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student partic attend the sch	ipating in the Education Freedom Accounts ceases to be enrolled in or regularly pol for any reason. I affirm that the school will notify the State Board of Education or its designee if any student participating in the Education Freedom Accounts ceases to be enrolled in or regularly attend the school. I affirm that the school will confirm a list with the Arkansas Department of Education of EFA approved students enrolled in your school for the 2023-2024 school year by

C2. Please attach an academic calendar for your school for the 2023-2024 school year.		
C3. Please indicate the gen	neral application dates for your school (or type "N/A" if rolling):	
Application opens:	Application closes: Decisions released:	
C4. Please attach an itemized list of all required student expenses and the vendors/service providers your school uses for these expenses (e.g., uniforms, laptops, etc.).		
11 1	pecify the grade levels and services that your school has available for ilities who are participating in the EFA. Attach pages if necessary.	
Grades Levels:		
Types of Services:		

Please ensure all required documentation is submitted with the completed application. Incomplete applications and applications submitted without required documentation will be denied.